

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
Arrowwood Resort, Alexandria, Minnesota
7:00 p.m., Thursday, September 8, 2011

Members Present

Mari Thomas, M.D., Chair
 Aaron Burnett, M.D.
 R. J. Frascone, M.D.
 John Hick, M.D.
 Paula Fink-Kocken, M.D.
 Charles Lick, M.D.
 Pat Lilja, M.D.
 John Lyng, M.D.
 Ralph Morris, M.D.
 John Pate, M.D.
 Paul Satterlee, M.D.

Members Absent

Gary Foley, M.D.
 Dan Hankins, M.D.
 Kory Kaye, M.D.
 Mark Lindquist, M.D.
 Christopher Russi, M.D.
 Bob Zotti, M.D.

Guests

Paula Chambers
 Suzanne Gaines
 J.B. Guiton
 Tim Held
 Curt Ireland
 Ron Robinson
 Imo Sunderland
 Tom Vanderwal
 Dave Waltz

Staff

Pam Biladeau, ED
 Melody Nagy
 Robert Norlen
 Rose Olson
 Debra Teske

Board Members Present

Pat Lee
 Kelly Spratt

I. Call to Order

Dr. Thomas called the meeting to order at 7:05 p.m.

II. Introductions

Dr. Thomas asked members and guests to introduce themselves.

III. Approval of Agenda

Dr. Thomas said that the Community Paramedic discussion is an update. The guidelines will be discussed separately. Dr. Fink-Kocken moved approval of the agenda. Dr. Pate seconded. Motion carried.

IV. Approval of Minutes

Dr. Pate moved approval of the March 11, 2011, minutes. Dr. Hick seconded. Motion carried.

V. EMSRB Update

Ms. Biladeau said that it is great to be here. She provided information on her background. She said that we are looking at goals for the EMSRB. We are looking to improve services to our customers.

Community Paramedic Update

Dr. Thomas said that Dr. Wilcox did a lot of work on this. The EMSRB has a committee that is discussing implementation. We are identifying the problems for issuing cards. Dr. Wilcox will be available for questions at the Board meeting tomorrow. Mr. Wingrove has been working on the curriculum development.

Dr. Thomas said that we are looking for mentors for this program.

Dr. Lilja said that they are seeking additional students for the next course.

Dr. Frascone asked about reimbursement. Dr. Thomas said that has not yet been defined.

VI. Review of Patient Care Guidelines and Pre-hospital BLS/ALS Pediatric Guidelines

Dr. Fink-Kocken said that the current guidelines are on the website. The proposed changes were distributed to committee members. Dr. Fink-Kocken said that we are proposing to combine BLS/ALS and they will follow the American Heart Association new guidelines.

Dr. Fink-Kocken provided examples of the new guidelines. Dr. Hick said that some of this language seems to be confusing. He suggested a change in the protocol for neonatal oxygen delivery. Dr. Lilja said that this would be a significant change for his paramedics. Dr. Pate said that this would be a good way to implement this change. Dr. Fink-Kocken provided clarification of the proposed change. Dr. Frascone asked about data that relates to this. Dr. Burnett suggested different language. Dr. Fink-Kocken said that she would make the changes as suggested and add this to BLS.

Dr. Fink-Kocken said that this item focuses on blood loss and volume expansion would be an indicator. Dr. Hick said that we want to focus on airway support. Cardiac arrest is rare for neo-natal. He commented that medications could be IV or IO route. Dr. Fink-Kocken said that the committee has previously discussed that IV and IO are equally interchangeable.

Dr. Pate asked about the protocol for neo-natal in cardiac arrest. Dr. Fink-Kocken responded that it would be to “bag” and do other procedures en-route. Dr. Lilja commented that these guidelines are useful for small community services. Dr. Thomas said that the medical director should customize the guidelines to the level of the staff available. Dr. Hick suggested adding a footnote with further explanation.

Dr. Fink-Kocken described the next proposed change. Dr. Thomas said that this gives the medical director choices of the medications that are carried on the service. Dr. Fink-Kocken discussed pediatric cardiac emergencies not related to respiratory etiologies. Committee members agreed with the suggestions made.

Dr. Fink-Kocken said that she will work on the changes and will distribute them for final review before they are posted to the website. Dr. Thomas asked about a deadline for making the changes. Dr. Lilja suggested approving the changes now. Dr. Hick moved approval of the proposed changes to the Pre-hospital BLS/ALS Pediatric Guidelines. Dr. Pate seconded. Motion carried.

Dr. Thomas said that the changes to BLS guidelines are minor. Dr. Lilja said that the person in charge of the scene should be with the licensed physician. The physician can delegate the authority as needed or as determined by the scene. Dr. Lyng asked about an off duty paramedic at the scene. Dr. Thomas commented that the paramedic would not have drugs available. Dr. Lilja said the person should be treated with respect and the ambulance crew should monitor the situation. The committee agreed to leave the language as it is.

It was suggested to add language regarding not delaying transport for definitive care. Dr. Thomas said that some of the language in the guidelines is old. There is language that needs to be added regarding tourniquet use and drugs. Dr. Burnett will provide the updated language. Dr. Hick said that this may be required equipment in some circumstances. Dr. Lilja said that this is widely used in the military. Dr. Thomas suggested adding a section on severe bleeding and tourniquet.

Dr. Hick moved that the Medical Direction Standing Advisory Committee recommend to the Board that a combat application tourniquet be added as mandatory equipment. This will require a statute change. Dr. Frascone seconded. Motion carried.

Dr. Lilja said that we do not want to suggest specific brand name equipment. Dr. Thomas said that this is not mandatory it is suggested guidelines. Dr. Lilja said that the literature does not support this. Dr. Thomas suggested that we need to look at common practice. Dr. Lyng suggested referencing the source document. Dr. Thomas said that this could be “suggested” equipment at the discretion of the medical director.

Dr. Pate said that he has discussed cardiac medications and possible interactions with pharmacists and patients. Dr. Thomas said that this was included to provide information to committee members.

Dr. Thomas referred to CPAP. Dr. Hick said that this should be covered in an educational session. Dr. Frascone said that this is valuable equipment that works and we need to make sure that it is available. Dr. Lilja said that this would require adequate training. Dr. Pate said that this should be at the discretion of the physician. Dr. Burnett said that this is deliberately at the end of the list but is very useful. We should stress its importance. This is allowable equipment.

Dr. Thomas provided suggested language for several sections and the committee discussed and agreed with the changes that were proposed.

Dr. Thomas said that the comments on medications should align with the variances for ambulances. Dr. Thomas said that in March 2010 the committee agreed to the changes for DNR – to the POLST form. Dr. Lilja commented that the POLST form is better. Dr. Lilja suggested an addendum referencing the change. Dr. Thomas said that we will add this change. Dr. Lilja thanked Dr. Burnett for his work in making the changes.

Dr. Thomas asked for a motion to adopt the changes. Dr. Lilja moved that the changes discussed be accepted by the EMSRB. Dr. Pate seconded. Motion carried.

VII. Other Business

Dr. Satterlee said that there is discussion on EMS follow up. Dr. Lilja said that this is included in peer review. Dr. Lilja suggested asking for an Attorney General’s opinion on peer review. He said that it opens “a can of worms” if we are seeking a change at the legislature. This is HIPPA. Dr. Frascone said that this was discussed at the East Metro meeting and they will be making a recommendation to the EMSRB. Dr. Frascone said this may be interpreted differently by hospitals. Dr. Frascone referred to the Texas statute. Dr. Frascone said that we need an affirmative statement. Dr. Satterlee asked that this be referred to the Board’s Legislative Committee for discussion. Dr. Frascone said that he would develop suggested language. Dr. Lilja asked if there is a major problem – he said that he can usually obtain the information he needs.

Ms. Chambers asked if they can have access to “EMS records”. There is not good record flow. Dr. Thomas said that there is a delay in input into MNSTAR for services that use paper forms. Dr. Thomas said that the question is “who owns the data”.

Dr. Hick moved that the Medical Direction Standing Advisory Committee ask the Legislative Committee to examine regulatory and other opportunities to improve patient follow up communications from hospitals to the transporting EMS Services. Dr. Satterlee seconded. Motion carried.

VIII. Next Meeting

March 9, 2012 at 10 a.m. During the Long Hot Summer Conference at the Northland Inn.

IX. Public Comment

None.

X. Adjourn

The meeting adjourned 8:34 p.m.